

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

January 27, 2016

Ms.. Sue Cutting, Manager
Ave Maria Community Care Home
19 School Street
Richford, VT 05476-1130

Dear Ms. Cutting:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 5, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



PRINTED: 01/13/2016
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2016
NAME OF PROVIDER OR SUPPLIER AVE MARIA COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 19 SCHOOL STREET RICHFORD, VT 05476		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced onsite investigation of a facility self report in conjunction with a re-licensing survey on 1/5/16. There were no regulatory findings related to the self report. There are regulatory findings related to the re-licensing survey.	R100		
R173 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h. (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to store medications in a locked compartment. Findings include: Per observation on 1/5/16 at 9:55 AM, several medications were stored on a shelf and on top of the medication cart in the nursing office. The office door was open and residents were observed walking near the open door. The office is located approximately 6 feet from the facility entrance door. Medications observed included Clonidine, an antihypertensive, eye drops, nasal sprays and various over the counter medications. The observation was confirmed by the Nurse	R173	PLEASE SEE ATTACHED	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

STATE FORM

6888

7Z7Y11

If continuation sheet 1 of 2

R173 + R174 POCs accepted 1/27/16 RTrampayRN/PMC

PRINTED: 01/13/2016
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Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0005	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/05/2016
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R173	Continued From page 1 Manager on 1/5/16 at 11:25 AM. The Nurse Manager stated that the medications should be in a locked compartment at all times.	R173		
R176 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure outdated medications were disposed of promptly. Findings include: Per observation on 1/5/16 at 9:55 AM, the following expired medications were found in the medication cart: 1. 3 containers of ear wax drops - exp. 12/15 2. Milk of Magnesia 16 oz. - exp. 2/15 3. Calcium antacid tablets - exp. 2/15 4. Aspirin 325 milligrams (mg) - exp. 4/15 5. Aspirin 81 mg - exp 12/15 This observation was confirmed by the Nurse Manager on 1/5/16 at 11:25 AM.	R176	PLEASE SEE ATTACHED	

Division of Licensing and Protection
STATE FORM

6999

727Y11

If continuation sheet 2 of 2

SAD

1/26/16

Ave Maria Home
Plan of Correction
Residential Care Home State Survey
January 5, 2016

R173

5.10.h

Action: The Manager has reviewed the Medication Policies and Procedures specifically related to the Storage of Medication with all medication administration staff to re-emphasize the importance of keeping the door on the Medication Room locked when the room is unoccupied. (See Attachment A – Excerpt from Ave Maria CCH, Inc. Medication Policies and Procedures)

Measures: All staff responsible for medication administration have signed a statement verifying their review of the Medication Policies and Procedures specifically related to the storage of medication (See Attachments B.1, B.2, B.3, B.4, and B.5). The Manager will insure that resident medications will be stored in locked compartments/Med Room under proper temperature controls and will only be accessed by authorized personnel.

Monitors: The Manager will monitor this practice to insure that this deficiency will not reoccur.

R176

5.10.h (4)

Action: Outdated medications were disposed of on January 5, 2016.

Measures: The Manager will insure that outdated medications will be promptly disposed of.

Monitoring: Manager will provide overview to insure compliance.

ATTACHMENT H

- iii. Name of Physician/Name of staff taking the order.
- f) T/O slip (white copy) is:
 - i. Posted in Med Room.
 - ii. Nurse will obtain signed order from the physician within 15 days.
- g) All new orders must be verified by the nurse prior to administering.

Pharmacy Communication Sheet

1. All pertinent information is recorded here, but not limited to: (refer to tab # 7)
 - Non-medical supplies (toiletries, lotion, etc)
 - Refill Orders (non-unit dose) either name or RX # can be listed on sheet.
2. The home will fax the pharmacy the information on the communication sheet, on delivery days. At that time, the person faxing will initial the column "faxed to pharmacy by".
3. When the pharmacy delivers to the home, the staff will review items to be sure they have been delivered.
4. This sheet can be produced in duplicate or faxed so that one copy can be sent to the pharmacy on a daily basis as a means for the pharmacy to double check the information on their records.
5. The more information you put on this sheet, the better the system will work, as effective communication makes it work.

Additional policy and procedure:

1. Discontinued meds are highlighted in green on the MAR
2. The 3-11 PM medication schedule is highlighted yellow on the med sheet.
3. Early AM (before breakfast) meds are highlighted in pink.
4. The medication administration records (MAR) are located in the Kardex on the med cart. (The past MARs will be stored in the resident's Individual chart under medication chart.)

Storage of Medication

- * 1. All medications shall be kept in the locked med room, in the locked med cart or shelf unless in the possession of residents capable of self-administration. Access to the locked room is limited to authorized staff. *
- 2. Medications requiring refrigeration shall be stored in a refrigerator in the med room.
- 3. Ave Maria provide secure, locked storage space to residents who are capable of self-administration and who choose to retain and store their own medications. This policy will be explained to residents if and when they request to self-administer meds.

ATTACHMENT

B.1

Review of Medication of Policies and Procedures

I understand that resident medications that the home manages must be stored in locked compartments and under proper temperature control.

Only authorized personnel shall have access to the keys. Access to the locked room is limited to authorized personnel only.

Under no circumstances shall the med room be left unlocked if unattended by authorized personnel.

Linda F. Whitney
Staff

1/25/16
Date

Susan C. [Signature]
Manager

1/25/16
Date

[Signature]
Administrator

1/25/16
Date

ATTACHMENT

D. L.

Review of Medication of Policies and Procedures

I understand that resident medications that the home manages must be stored in locked compartments and under proper temperature control.

Only authorized personnel shall have access to the keys. Access to the locked room is limited to authorized personnel only. Under no circumstances shall the med room be left unlocked if unattended by authorized personnel.

Michele Paradee
Staff

1-25-16
Date

David Collins
Manager

1/25/16
Date

[Signature]
Administrator

1/25/16
Date

ATTACHMENT B.3

Review of Medication of Policies and Procedures

I understand that resident medications that the home manages must be stored in locked compartments and under proper temperature control.

Only authorized personnel shall have access to the keys. Access to the locked room is limited to authorized personnel only.

Under no circumstances shall the med room be left unlocked if unattended by authorized personnel.

Stacey Johnson
Staff

1-22-16
Date

Sierra Puttong
Manager

1-22-16
Date

[Signature]
Administrator

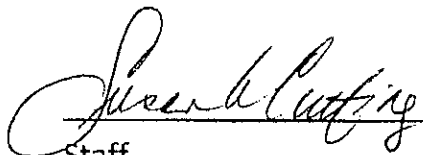
1/25/16
Date

ATTACHMENT B.4

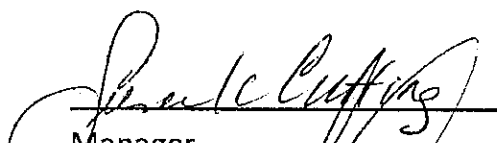
Review of Medication of Policies and Procedures

I understand that resident medications that the home manages must be stored in locked compartments and under proper temperature control.


Only authorized personnel shall have access to the keys. Access to the locked room is limited to authorized personnel only. Under no circumstances shall the med room be left unlocked if unattended by authorized personnel.


Staff

1-22-16
Date


Manager

1-22-16
Date


Administrator

1/25/16
Date

ATTACHMENT B.5

Review of Medication of Policies and Procedures

I understand that resident medications that the home manages must be stored in locked compartments and under proper temperature control.

Only authorized personnel shall have access to the keys. Access to the locked room is limited to authorized personnel only.

Under no circumstances shall the med room be left unlocked if unattended by authorized personnel.

Lisa Lafromboise

Staff

1.22-16

Date

Frank C. Cutting

Manager

1.22-16

Date

Administrator

1/25/16

Date